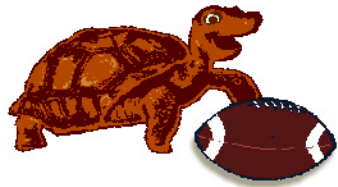


Montgomery County
RECREATION
D E P A R T M E N T



'Little Terps'
ages 5-8



'Big Terps'
ages 9-12

All Sports
Summer Camp



basketball, football, soccer, volleyball, swimming, trips and more
Sport Specific Skill Development

White Oak Middle School
Silver Spring, MD
June 21 thru August 6, 2010

Monday thru Friday
9:00 am to 3:30 pm

for more information contact Jewell Lyons at 240-777-8094

Montgomery County Department of Recreation
is committed to compliance with the
Americans with Disabilities Act (ADA).

Please call a Therapeutic Recreation Specialist at 240-777-4925 voice/240-777-6974 TTY to request
accommodations no later than two weeks prior to the activity.



Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
(if under 18 years) Mother's Name _____ Email _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
Father's Name _____ Email _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

*If you are a non-resident, include an additional \$15.00 per participant in the fee for each activity.

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____